

NIH Purchase Card Program  
Division of Acquisition Programs, OLAO, OD  
6011 Executive Blvd., Room 549E, Rockville, MD 20892  
Helpline: (301) 435-6606      Email: Help, Creditcard

**PURCHASE CARD APPLICATION FORM**

I, \_\_\_\_\_, am requesting purchase card authority. I attended the NIH mandatory  
(Please type or Print)

purchase card training class on: \_\_\_\_\_. I certify that I have read and understood the *Internal*

*Procedures for the VISA (I.M.P.A.C.) Program:* \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

I approve this purchase card request (please sign):

IC PC Point of Contact: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

Administrative Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

	Cardholder	Card Approving Official (CAO)
<b>Name:</b>		
<b>Institute:</b>		
<b>NIH Badge Number:</b>		
<b>Address:</b>		
<b>Building:</b>		
<b>Room:</b>		
<b>City / State:</b>		
<b>Zip + 4:</b>		
<b>Phone number:</b>		
<b>ADBID:</b>		
<b>Node:</b>		
<b>Job Series &amp; Grade:</b>		
<b>Title:</b>		
<b>Are you an NIH Employee?</b>		
<b>Have you completed the Green purchasing training?</b>		
<b>Do you have a Warrant?</b>		
<b>Single Purchase Limit:</b>	(not to exceed \$2450)	
<b>Monthly Purchase Limit:</b>		
<b>Default CAN:</b>		
<b>Default Object Class Code:</b>		

I believe that the applicant has the ability to provide good business acumen and judgment.

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

CAO's signature: \_\_\_\_\_ Date: \_\_\_\_\_